

STANDARD CERTIFICATE OF DEATH

14648

State File No.

FILED APR 24 1953

REG. DIST. NO. 150

PRIMARY REG. DIST. NO. 5573

Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Sni Bar</u> c. LENGTH OF STAY (In this place) <u>25 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2 1/2 Mi North</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Blue Springs Rural - Sni Bar</u> d. STREET ADDRESS (If rural, give location) <u>7000</u> <u>2 1/2 Mi North</u>	
3. NAME OF DECEASED (Type or Print) <u>Alma M Buseer</u> 5. SEX <u>2</u> 6. COLOR OR RACE <u>M Colerd B</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1953</u> 8. DATE OF BIRTH <u>Sept 9 1887</u> 9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Employee</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Independence Mo R.F.D</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Buseer</u> 15. DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		13b. MOTHER'S MAIDEN NAME <u>Anna Lobb</u> 16. SOCIAL SECURITY NO. <u>None</u>	
14. NAME OF HUSBAND OR WIFE <u>-</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Buseer</u> ADDRESS <u>Blue Springs Mo</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardiac dilatation</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (c) <u>4560</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19a. DATE OF OPERATION <u>April 3 1953</u> 19b. MAJOR FINDINGS OF OPERATION <u>Pulmonary Emphysema</u> 20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>at home</u> 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> <u>WORK</u> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. J. B. Langford</u> (Degree or title)		23b. ADDRESS <u>1612 E 12th St</u> 23c. DATE SIGNED <u>4/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 3 53</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Lobb</u> 24d. LOCATION (City, town, or county) (State) <u>Independence RFD Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-8-1953</u>		REGISTRAR'S SIGNATURE <u>D. B. Langford</u> 483-0 25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u> ADDRESS <u>Blue Springs Mo</u>	

(Printed Embelmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

R. B. Webb

Signed.....
Student Embalmer

Licensed Embalmer No. 2355

P. O. Address Blue Springs 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.